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Congressional Hearing
June 4, 2007

Title of Hearing:
Empowering State and Local Officials Through Enhanced
FEMA Regional Offices

Statement for the Record of Steven J. Delahousey, RN, REMT-P, National Vice President of Emergency Preparedness, Emergency Medical Services Corporation (EMSC) before the U.S. House of Representatives, Committee on Homeland Security, Subcommittee on Management, Investigations and Oversight, and the Subcommittee on Emergency Communications, Preparedness, and Response

(Statement for the Record)

Chairman Thompson, Chairman Cuellar, Chairman Carney and Members of the Subcommittees:

Thank you for inviting me to testify at this hearing. My name is Steven J. Delahousey. I am a registered nurse and a registered paramedic. I am currently the National Vice President of Emergency Preparedness for Emergency Medical Services Corporation (EMSC) which through its operating subsidiaries, American Medical Response, Inc. (AMR) and EmCare, Inc. (EmCare), serves approximately ten million patients each year.. AMR is a leading provider of emergency and nonemergency ambulance service in the nation with operations in thirty-six (36) states and the District of Columbia. EmCare is a leading provider of outsourced emergency department staffing and related management services, contracting with more than 350 hospitals nationwide.

My testimony today is primarily related to my experiences and observations as the AMR Medical Disaster Officer in Mississippi during Hurricane Katrina. Today's topic, *"Empowering State and Local Officials Through Enhanced FEMA Regional Offices"*, is timely and appropriate given the predictions for a very active 2007 hurricane season.

In August of 2005, prior to Katrina, there were approximately 5,000 patients in health care facilities and another 45,000 non-institutionalized individuals with severe disabilities in the three Mississippi coastal counties. Many of them required assistance with evacuation. Katrina made landfall in Mississippi on Monday, August 29. We began requesting state and federal assistance for medical evacuation two (2) days prior to landfall. State agencies were quick to respond but their limited resources were quickly depleted. There was no federal ambulance evacuation plan in place at the time. We therefore had to rely upon our internal resources within the private sector. Private ambulances from nearby states were deployed to south Mississippi to complete the evacuation prior to Katrina's landfall. We are pleased to say there were no deaths or significant untoward effects that resulted from this massive medical evacuation effort.

Twenty-six (26) days after Katrina wreaked havoc on Mississippi, Louisiana and Alabama, Hurricane Rita set its sights on Texas and Louisiana. This time the federal government was ready. FEMA authorized hundreds of federally-contracted ambulances to be deployed to Houston, Texas to assist with the medical evacuation.

We are thankful to Congress for passing the Post-Katrina Emergency Management Reform Act which reorganizes the Department of Homeland Security (DHS) by reconfiguring FEMA and including national preparedness functions. We agree with FEMA Administrator Paulison when he said that the new FEMA “reflects the expanded scope of FEMA’s responsibilities. It supports a more nimble, flexible use of resources. And it will deliver enhanced capabilities to partners at the state and local level with emergency management and preparedness organizations and to engage the capabilities of the private sector.” The Post-Katrina Emergency Management Reform Act expands FEMA’s regional office structure. It provides for the creation of Regional Advisory Councils to give advice and recommendations to the Regional Administrators on emergency management issues. We totally agree with Secretary Chertoff when he stated “...one of the greatest lessons from Katrina that we learned is, you can’t just show up and introduce yourself when the emergency is underway.”

Mississippi is often recognized for its efficient post-Katrina recovery efforts. There are many reasons for this success but I believe these to be the most significant:

- We utilized the Unified Command structure
- Strong leadership from the Governor’s office
- A competent state Emergency Management Agency
- Some of FEMA’s best response personnel were sent to Mississippi
- And lastly, the resilience of Mississippians

I have witnessed first hand what a positive difference experienced leaders can make during disasters. FEMA appointed James Russo as the Federal Coordinating Officer for Mississippi post-Katrina. He worked hand-in-hand with the Governor and senior leaders at the Mississippi Emergency Management Agency. Hopefully, empowering FEMA regional offices will allow experienced field commanders like Mr. Russo to carry out their jobs even more efficiently.

The creation of the Office of Health Affairs, led by Chief Medical Officer Dr. Jeff Runge, has also had a positive impact and we look forward to working with Dr. Runge and his team of experts.

Finally, I would like to comment on the need for additional DHS funding for emergency medical service (EMS) providers. Along with fire and police,

EMS providers are one of three (3) primary first responder groups. The vast majority of EMS providers, however, lack sufficient access to federal funding and are, therefore, under-equipped and need additional training to effectively respond to a terrorist attack or natural disaster. Chairman Thompson, you may recall that in 2003 Congress asked the DHS Office of Domestic Preparedness (ODP) to clarify whether ambulance providers are eligible for grant funds awarded to states. ODP provided a written opinion which states "...in recognition that in many communities private EMS providers are the sole providers of emergency medical services, ODP determined that both public and private EMS providers are eligible for funding under the {State Homeland Security Grant Program}, as long as this is consistent with the state's homeland security strategy, and the private EMS providers are components of the local or state response plans." Despite this opinion, in FY04 and FY05, DHS reported that less than four percent (4%) of first responder grant funding was awarded to EMS providers. EMS providers, however, represent one-third (1/3) of the first responder workforce and are the primary first responders for medical assistance as evidenced by the response to Hurricane Katrina. For the past two (2) years, Congress has included conference report language to the Homeland Security Appropriations Bills noting their concern over the lack of funding for EMS providers. They recommended a minimum of 10% of Homeland Security funding for EMS providers in the House Report for both of those years. We urge you to act on those recommendations.

It would also appear that perhaps an amendment to the Stafford Act is needed to resolve EMS funding inequities. Currently, the Stafford Act makes no mention of funding eligibility for EMS providers or ambulance services. This explicit omission creates confusion for federal, state and local government officials resulting in disparity for EMS providers to receive DHS or FEMA grant funds and reimbursement for services rendered during times of disasters. Your assistance in passing a simple amendment to the Stafford Act recognizing emergency medical services as "emergency work" and ambulance providers as public safety personnel (along with fire and police) is requested.

Thank you for your time today and I look forward to answering your questions.

DISCLOSURE REQUIREMENT
Required by House Rule XI, clause 2(g)

1. Name: **Steven J. Delahousey**
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3. Organization you are representing: **Emergency Medical Services Corporation**
4. Any federal grants or contracts (including subgrants or subcontracts) which you, personally, have received since October 1, 2005, from federal agencies under the purview of the hearing, the sources and the amount of each grant or contract:

None.

5. Any federal grants or contracts (including subgrants or subcontracts) which were received since October 1, 2005, from federal agencies under the purview of the hearing by the organization(s) which you represent at this hearing, including the source and amount of each grant or contract:

Emergency Medical Services Corporation's operating subsidiaries have received significant federal funds and have had numerous contracts with federal agencies, e.g., GSA, FEMA, and the VA, in the last two (2) years. Because this information is not relevant to the subject matter of my testimony, it has not been compiled at this time as permitted by Committee On Homeland Security Committee Rule VI (D)(2).

FOLLOW-UP PAGE

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TOPICAL OUTLINE AND SUMMARY

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2. Overview of EMSC
3. EMS experience in south Mississippi for Hurricane Katrina
4. Impact of Post-Katrina Emergency Management Reform Act on EMS
– Enhanced FEMA Regional Offices
5. Hurricane recovery efforts in Mississippi
6. The “New FEMA”
7. Office of Health Affairs, Chief Medical Officer
8. DHS/FEMA funding shortfalls for EMS
9. Recommendations
 - a. Amend Stafford Act
 - b. Increase EMS DHS funding from 4% to 10%